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forms are submitted.

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PTO/SB/82 (10-00) Please type a plus sign (+) inside this box Approved for use through 10/31/2002. OMB 0651-0035 rademark Office; U.S. DEPARTMENT OF COMMERCE U.S. Patent and Tra Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. 10/790845-Conf. #2495 Application Number March 3, 2004 **REVOCATION OF POWER OF** Filing Date ATTORNEY WITH First Named Inventor Guerman Aronvich PASMANIK NEW POWER OF ATTORNEY AND 3677 Art Unit CHANGE OF CORRESPONDENCE ADDRESS Not Yet Assigned Examiner Name Attorney Docket Number BEW-009 I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. OR X I hereby appoint the practitioners associated with the Customer Number: 00959 X Please change the correspondence address for the above-identified application to: The address associated with 00959 Customer Number: OR Anthony A. Laurentano Firm or X Individual Name Address City Country State Zip Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Guern Name Date Telephone NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*



Please type a plus sign (+) inside this box

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/790845-Conf. #2495					
Filing Date	March 3, 2004					
First Named Inventor	Guerman Aronvich PASMANIK					
Art Unit	3677					
Examiner Name	Not Yet Assigned					
Attorney Docket Number	BEW-009					

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I hereby revoke all previous powers of attorney given in the above-identified application.										
A Power of Attorney is submitted herewith.										
OR										
X I hereby appoint the practitioners associated with the Customer Number: 00959										
x Please change the correspondence address for the above-identified application to:										
OR X	The address associated with Customer Number: 00959									
UK .										
X Firm	m or Anthony A. Laurentano									
Address				-						
City										
Country				State					Zip	
Telephone							Fax		`	
l am ti	he:									
X Applicant/Inventor.										
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)										
SIGNATURE of Applicant or Assignee of Record										
Signature	Signature (//mmp									
Name	Larissa Rudolfovna Tiour									
Date	Fel	<u> </u>	2003			Telepho	_	(4	16)6618381
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.										
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